STATE OF CALIFORNIA	DEPARTMENT OF CORRECTIONS
DISCRIMINATION COMPLAINT GUIDE	INFORMAL COMPLAINT
CDC 693 (Rev 5/99)	FORMAL COMPLAINT
INSTRUCTIONS: THIS FORM SHOULD BE USED TO DOCUMENT A DISCRIMINATION PROVIDE YOUR HOME ADDRESS AND TELEPHONE NUMBER SO THAT YOU CAN BE WILL BE SENT TO YOUR WORK LOCATION. INFORMAL COMPLAINTS SHOULD BE DISCOMPLAINTS MAY BE FILED WITH THE DISCRIMINATION COMPLAINT UNIT, P.O. BOX SECTION OF THE PROPERTY OF	CONTACTED ABOUT YOUR COMPLAINT. IF YOU DO NOT, CORRESPONDENC SCUSSED WITH A LOCAL EEO COUNSELOR OR EEO COORDINATOR. FORMA
COMPLAINANT INFORMATION (Failure to provide this information will de (<i>Please Print</i>)	elay the processing of your complaint):
NAME:	HOME ADDRESS (Include city and zip code):
CLASSIFICATION:]
PLACE OF EMPLOYMENT:	
BUSINESS TELEPHONE: ()	HOME TELEPHONE: ()
WORK HOURS:	REGULAR DAYS OFF:
AGE (Applies to persons forty-years of age or older) ANCESTRY (National or cultural origin of a line of descent) COLOR (Skin color, which does not need to be within a specific racial DISABILITY (Any mental or physical impairment, permanent or te MARITAL STATUS (Divorced, married, never married, separate MEDICAL CONDITION (Anyone diagnosed or recovering from NATIONAL ORIGIN (Birth site, language or a person's accent) POLITICAL AFFILIATION (Membership or association in a PREGNANCY (Childbirth or related medical condition) RACE (One of the anthropological racial/ethnic groups) RELIGION (Spiritual beliefs) SEX (Gender)	emporary, including AIDS)

(Unwelcome attention of a sexual nature)

(Bisexual, Heterosexual or Homosexual)

VIETNAM ERA VETERAN (Served on active duty between 8/5/64 and 5/7/75; discharged with honorable or service connected disability)

(Prohibited discrimination against complainants, their representatives, EEO officials, witnesses, or other employees/applicants for having opposed any illegal discriminatory employment practice, for having presented, or for having participated in the presentation by another person any complaint of discrimination at any stage of the complaint process, including the counseling

stage or any time thereafter.)

SEXUAL HARASSMENT

SEXUAL ORIENTATION

Signature of Complainant

RETALIATION

Date

LIST THE PERSON OR PERSONS THE	HAT YOU BELIEVE HAVE DISCRIMINA	ATED AGAINST YOU:
NAME	CLASSIFICATION	WORK LOCATION/TELEPHONE NUMBER
	N AGAINST YOU AND HOW HAVE YOU a copy of this page for each action and provide	U BEEN HARMED BY THIS ACTION(S)? e all the information requested):
Date of Action Action Taken		
Why do you believe the action taken against you	ı should not have taken place?	
Do you believe the action taken was discriminate	ory or in retaliation, if so, why?	
How did the action harm you?		
Name any witnesses to the action	_	
Name	I	Telephone Number
What evidence can the witness provide?		
Name	Т	Telephone Number
		<u> </u>
What evidence can the witness provide?		
What evidence can the withess provide:		
2 What ramedy/resolution are you se		
3. What remedy/resolution are you se	eking :	

YOUR RIGHTS IN THE DISCRIMINATION COMPLAINT PROCESS

- 1. The right to file a discrimination complaint, free from influence to refrain from filing a complaint and freedom from reprisals for filing a complaint.
- 2. The right to a reasonable amount of work time to make an informal presentation of a complaint to an EEO Counselor. Consistent with immediate needs, this right shall not be abridged or its execution delayed by any supervisor.
- 3. The right to be assisted by a representative of their own choosing at all stages of the process.
- 4. The right to keep their complaint confidential until:
 - a. Such time as they give the EEO Counselor permission to do otherwise in order to bring the compliant to the appropriate authority for remedy;
 - b. Such time as a formal written complaint is filed with the EEO Coordinator or the Program Manager, Discrimination Complaint Unit.;
 - c. Such time as appropriate action must be taken to resolve the situation;
 - d. In cases of sexual harassment, the complainant should be aware that complete confidentiality cannot be assured because of the legal obligation to take immediate and appropriate action.
- 5. The right to a thorough, impartial and prompt investigation by a trained departmental Discrimination Complaint Investigator.
- 6. The right to appeal the Department's decision to the State Personnel Board.
- 7. The right to file concurrent complaints with the Equal Employment Opportunity Commission, the Department of Fair Employment and Housing, other appropriate State and Federal compliance agencies; or to file a civil action in the appropriate courts.

I HAVE READ MY RIGHTS IN THE DISCRIMINATION COMPLAINT PROCESS AND AGREE TO WAIVE MY RIGHT TO CONFIDENTIALITY.

(NOTE: Waiver applies to informal complaint process only.)			
(Please initial) Yes No			
The following information is requested for statistical purposes only and is optional.			
Last four digits of SSN	Ethnicity		
Gender: Male Female	Age: Over 40 Under 40		

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DETERMINING JURISDICTION

Jurisdiction is the term for determining whether a hiring authority has the legal power to act on a complaint. Under the law, a Department must have jurisdiction over a complaint in order to investigate it or attempt resolution. The issue of jurisdiction must be addressed initially in every case at the preliminary or intake stage of the discrimination complaint process.

The jurisdiction requirements needed for the Department to have legal authority are discussed below. The person filing the complaint is responsible for ensuring that the jurisdiction requirements are met. If these requirements are not met, the complaint, while it may have merit, should not be filed as a discrimination complaint but may be addressed through other complaint processes. Contact an EEO Counselor or your EEO Coordinator for more information.

JURISDICTIONAL REQUIREMENTS

WHO CAN FILE A DISCRIMINATION COMPLAINT

The State Personnel Board's administered discrimination complaint process covers employees in all State Departments, agencies and officers in the State civil service and all applicants for the positions in the State civil service.

PROTECTED STATUS - BASIS FOR AN EEO COMPLAINT

Complaints of discrimination must allege that the complainant was discriminated against on the basis his/her protected status, i.e. age, ancestry, color, disability, political affiliation or opinion, marital status, medical condition, national origin, pregnancy, race, religion, gender, sexual orientation, retaliation, sexual harassment or Vietnam era veteran status.

HARM/INJURY - HOW HAVE YOU BEEN ADVERSELY AFFECTED

A complainant must allege or show that he/she has been directly injured by the discriminatory action or practice. A complaint cannot be filed on the basis that the complainant believes that future harm may occur. The complainant must show they have been adversely affected with respect to any compensation, condition, privilege or term of employment.

CONNECTION BETWEEN PROTECTED STATUS AND HARM

A complainant must establish that there is a connection between his/her protected status and the harm they believe they have suffered.

TIMELINESS

A complaint must be filed with the Department within one year of the date of an alleged discriminatory action or practice. This time frame may be extended up to ninety days if the complainant first obtained knowledge of the facts of the alleged discriminatory action or practice after the expiration of the one year date. To receive the ninety day extension, the complainant must show that either they attended a class or received new information that brought the issue to their attention.

An informal complaint filed with an EEO Counselor within the one year time limitation does not constitute a formal filing. The time utilized in the informal process is counted when calculating the timeliness of a formal complaint.

SUMMARY

For a complaint to be dealt with in the discrimination complaint process it must: (1) be timely; (2) establish a protected status, and; (3) establish a connection between the protected status and the alleged harm.